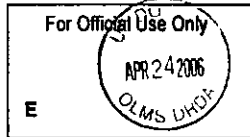


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT


1 File Number U 25399	2 Fiscal Year Covered From 1 / 1 / 2005 Through 12 / 31 / 2005
3 Name and address of person filing Name Bernard Philips P O Box Bldg Room No if any Street 7757 142nd Way SE City Newcastle State Washington ZIP Code + 4 98059	4 Name file number and address of labor organization Name IAM District 160 Labor Organization File Number 014 024 P O Box Building and Room Number if any 2nd Floor Street 9135 15th Pl S City Seattle State Washington ZIP Code + 4 98108
5 Position in labor organization Business Representative	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed  On 3/28/06 (206) 764-0462
Date Telephone Number

Name of Person Filing Bernard Phillips	File Number U
---	----------------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name <u>Northwest IAM Benefit Trust</u> Trade Name if any _____ P O Box Bldg Room No if any <u>PO Box 34203</u> Street <u>2815 - 2nd Ave Ste 300</u> City <u>Seattle</u> State <u>Washington</u> ZIP Code + 4 <u>98121</u>	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing <u>12/7/2005 Trust Meeting</u> <hr/> 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received <u>Lodging and Meals</u> <hr/> 12 b Amount \$241

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Northwest IAM Benefit Trust

Trade Name if any

P O Box Bldg Room No if any PO Box 34203

Street 2815 - 2nd Ave Ste 300

City Seattle

State Washington ZIP Code + 4 98121

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

5/16/2005 Trust Meeting

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

Lodging and Meals

12 b Amount

\$276

Name of Person Filing **Bernard Philips**File Number **U****Part B Continuation Page**

B Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)Name **Northwest IAM Benefit Trust**

Trade Name if any

P O Box Bldg Room No if any **PO Box 34203**Street **2815 2nd Ave Ste 300**City **Seattle**State **Washington**ZIP Code + 4 **98121****9 Business deals with**☒ a Labor Organization☐ b Trust☐ c Employer**10 If 9 b or 9 c is checked give trust or employer's name**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing**8/28 31/2005 Trust Meeting****11 b Approximate dollar value of such dealing****12 a Nature of interest held or income received****Lodging and Meals****12 b Amount****\$357**